

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2369

BIRTH NO. 124 48-22841		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3059		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>		99	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>223 S. B. St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>BEAUFORD</u>		c. (Last) <u>PETTUS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 8 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>April 4, 1948</u>	
9. AGE (In years last birthday) <u>0</u>		10. MONTH <u>10</u>		11. DAY <u>4</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Bonne Terre Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Beauford Paul Pettus</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Marie White</u>		14. NAME OF HUSBAND OR WIFE <u>Beauford Pettus</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u> ANTECEDENT CAUSES <u>Autopsy Report - Acute lymphatic leukemia</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>491X</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 3, 1949</u> , to <u>Feb 8, 1949</u> , that I last saw the deceased alive on <u>Feb 8, 1949</u> , and that death occurred at <u>3:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Van W. Taylor M.D.</u> (Degree or title)				23b. ADDRESS <u>Bonne Terre, Mo.</u>		23c. DATE SIGNED <u>2-8-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb. 11, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois memo Park</u>		24d. LOCATION (City, town, or county) (State) <u>Bonne Terre Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-10-1949</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Benham Ind. Co.</u>		ADDRESS <u>Bonne Terre, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

ED

Officer No. 4
No. 249-2
2-14-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed Glenn J. Laywell
Licensed Embalmer No. 3766
P. O. Address Donner Ave. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of St. Francois ^{ss.}

State File No. 2369
Local Registrar's No. 44

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 24th day of February, 1949 before me appears
Van W. Taylor, M. D., who, upon his oath, states that the original record of ^{Birth} death
for John Beauford Pettus, died Feb. 8., 1949, in the State of
Missouri, and which was filed at Farmington, Mo. on Feb. 10, 1949, should be corrected as follows:

Item No. 18 1.a should read Acute lymphatic leukemia. 7 days

Instead of Broncho pneumonia.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Van W. Taylor M.D. Relationship.

Bonne Terre, Mo.
Present Address.

Subscribed and sworn to before me this 24th day of February, 1949

My Commission expires Dec. 29, 1950 Thomas A. Mathews Notary Public.

